

國立清華大學半導體研究學院
College of Semiconductor Research, National Tsing Hua University
研究生更換指導教授、共同指導教授申請書
Graduate Student Application for Changing Advisor or Co-Advisor

申請日期Date of Application : 年Year 月Month 日Date

姓名Name		學號 Student ID		部門 Department	
原指導教授姓名 Name of Previous Advisor	(正楷)	新指導教授姓名 Name of New Advisor		(正楷)	
原共同指導教授姓名 Name of Previous Co-Advising Professor	(正楷)	新共同指導教授姓名 Name of New Co-Advising Professor		(正楷)	
申請理由 Reason for Application					
資源轉移與保密條款 Resource Transfer and Confidentiality Clause	<input type="checkbox"/> 申請人於原屬實驗室相關之研究內容成果均為原屬實驗室所有。原研究工作、設備等相關事物，均已清楚交待，並負保密之責。All research outcomes related to the original laboratory belong to the original laboratory. The applicant confirms that all research activities, equipment, and related matters have been clearly handed over, and the obligation of confidentiality will be upheld. <input type="checkbox"/> 申請人於原屬實驗室使用資源之權利終止，並與原屬實驗室無財物上之糾葛。The applicant's rights to use the resources of the original laboratory are terminated, and there are no remaining financial or property-related disputes with the original laboratory.				
原指導教授 意見及簽名 Previous Advisor's Comments and Signature	本人 (<input type="checkbox"/> 同意、 <input type="checkbox"/> 不同意) 該生更換指導教授 I (<input type="checkbox"/> Agree, <input type="checkbox"/> Disagree) to the student's request to change their advisor. 簽名Signature :		原共同指導教授 意見及簽名 Previous Co-Advisor's Comments and Signature	本人 (<input type="checkbox"/> 同意、 <input type="checkbox"/> 不同意) 該生更換共同指導教授 I (<input type="checkbox"/> Agree, <input type="checkbox"/> Disagree) to the student's request to change their advisor. 簽名Signature :	
新指導教授 意見及簽名 New Thesis Advisor's Comments and Signature	本人 (<input type="checkbox"/> 同意、 <input type="checkbox"/> 不同意) 負責接替指導該學生 I (<input type="checkbox"/> Agree, <input type="checkbox"/> Disagree) to assume responsibility as the student's new advisor. 簽名Signature :		新共同指導教授 意見及簽名 New Co-Advisor's Comments and Signature	本人 (<input type="checkbox"/> 同意、 <input type="checkbox"/> 不同意) 負責接替指導該學生 I (<input type="checkbox"/> Agree, <input type="checkbox"/> Disagree) to assume responsibility as the student's new advisor. 簽名Signature :	
申請人簽名 Applicant's Signature		部主任審核簽章 Department Director's Approval and Signature			

如原指導教授、原共同指導教授不同意申請人更換指導教授，本申請案逕送半導體研究學院院務會議討論。If the original advisor or original co-advisor does not agree to the applicant's request to change advisor, this application will be directly submitted to the College of Semiconductor Research Administrative Council Meeting for discussion.

_____學年第Academic Year_____次th

院務會議College Affairs Meeting

☐通過Approval

☐不通過Disapproved

_____年Year_____月Month_____日Date

備註Remarks：

1. 研究生僅限於更換同一部門內的指導教授。

Graduate students may only change advisors within the same department.

2. 本申請書經請部主任審核同意後，由院辦公室留存。

After review and approval by the department head, this application form will be kept on file by the institute office.

3. 核可後一併更新學校系統導生名冊。

Upon approval, the student's advisor information in the university system will be updated accordingly.

院辦公室收件人Recipient at CoSR Office：_____收件日期Date Received：_____